

**Schools and Libraries Universal Service
Services Ordered and Certification Form 471****Estimated Average Burden Hours Per Response: 4 hours**

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.sl.universalservice.org.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier:

(Create your own code to identify THIS Form 471)

Form 471 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information (The "Billed Entity" is the entity paying the bills for the services listed on this form.)**1** Name of Billed Entity**2** Funding Year: July 1, through June 30, **3** Entity Number**4 a** Street Address, P.O. Box, or Route Number

City

State Zip Code -

b Telephone Number - Ext **c** Fax Number -**d** E-mail Address

- 5** Type of Application
- ☐ School (public or non-public school)
- ☐ School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)
- ☐ Library (library (i.e. outlet/branch, system))
- ☐ Consortium ☐ Check here if any members of this consortium are ineligible non-governmental entities.

6 a Contact Person's Name

First, fill in **every** item of the Contact Person's information below **that is different from Item 4, above**.
Then check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)

☐ **b** Street Address, P.O. Box, or Route Number

City

State Zip Code -

☐ **c** Telephone Number - Ext ☐ **d** Fax -☐ **e** E-mail Address**f** Holiday/vacation/summer contact information:

Entity Number _____ Applicant's Form Identifier _____

Contact Person _____ Phone Number _____

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgment Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471
Application #:

Funding
Request
Number

Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Block 3: Impact of Services Ordered in THIS Application

- 8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students
to be served

b Number of library
patrons to be served

- 9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?		
g	Direct connections to the Internet: Highest speed before and after your order?		
h	Internet access (for schools): How many rooms have Internet access before and after your order?		
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?		
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.



0 4 7 1 0 1 0 2 0 2

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- _____
Page _____ **of** _____

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school. _____
- **Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well):**
Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in **10c** (below) to complete Block 5 for shared services.
- **Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well):**
Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc. _____

10b List entities and calculate discount(s).

School District Name: _____ School District Entity Number: _____

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Discount Calculation Worksheet B For Libraries

Worksheet #B- _____

Page _____ of _____

Instructions: If you are filing a library application, use this worksheet to calculate the discount rate(s) for outlets/branches and systems.

(For Administrator's Use)

10a If you are:

- **Applying for discounts ONLY for one outlet/branch or ONLY for site-specific services:**
Complete columns 1-4 only for each outlet/branch. Add and number pages as needed.
- **Applying for discounts on services shared by ALL outlets/branches in the library system (with or without site-specific services as well):**
Complete columns 1-4 PLUS 10c below.
- **Applying for discounts on different shared services that are shared by different groups of outlets/branches:**
Complete one worksheet, columns 1-4 PLUS 10c, for EACH different group of outlets/branches sharing a service. Designate this worksheet B-1, B-2, B-3, etc.

10b List entities and calculate discount(s).

Library System Name: _____

Library System Entity Number: _____

1	2	3	4
Name of Eligible Library (outlet/branch)	Entity Number	Name of School District in which outlet/branch in Column 1 is located	Discount % from Discount Matrix
Totals for calculating Shared Discount			

10c Shared Discount % (Col. 4 total divided by # of outlets/branches in Col. 1. Round to nearest %) →

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

Block 4: Discount Calculation Worksheet C for Consortia

Worksheet #C- _____

Page _____ of _____

(For Administrator's Use)

Instructions: If you are filing a Consortium application, use this worksheet to calculate the consortium discount rate based on eligible members' discounts. Provide Worksheets A and/or B for back-up documentation.

10a If you are:

- **Applying for discounts ONLY on site-specific services:**
Complete columns 1-3 only. Add and number pages as needed. _____
- **Applying for discounts on services shared by ALL members (with or without site-specific services as well):**
Complete columns 1-3 PLUS 10c, below.
- **Applying for discounts on different shared services shared by different groups of consortium members:**
Complete one worksheet, columns 1-3 PLUS 10c, for EACH different group of entities sharing a service. Designate this worksheet C-1, C-2, C-3, etc. _____

10b List entities and calculate discount(s).

1	2	3
ELIGIBLE MEMBER ENTITIES Name of each school, school district and/or library (i.e. outlet/branch, system) in consortium	ENTITY NUMBER For each entity listed in Column 1	ENTITY DISCOUNT School: Discount from Worksheet A, Column 7 School District: Weighted Average Discount from Worksheet A, Item 10c Library (outlet/branch): Discount from Worksheet B, Column 4 Library System: Discount from Worksheet B, Item 10c
Totals for calculating Shared Discount		

10c Shared Discount %

(Col. 3 total divided by # of entities in Col. 1. Round to nearest %)



Entity Number _____ Applicant's Form Identifier _____

Contact Person _____ Phone Number _____

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for **EACH** service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

Block 5, page

 of

FRN # _____

(to be assigned by administrator)

11 Category of Service (only ONE category should be checked)
☐ Telecommunications Service
 ☐ Internet Access
 ☐ Internal Connections
12 Form 470 Application Number (15 digits)
13 SPIN - Service Provider Identification Number (9 digits)
14 Service Provider Name**15 Contract Number** (If available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)
16 Billing Account Number (e.g., billed telephone number)
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)
(based on Form 470 filing)

M M D D Y Y Y Y

18 Contract Award Date (mm/dd/yyyy)

M M D D Y Y Y Y

19a Service Start Date (mm/dd/yyyy)

M M D D Y Y Y Y

19b Service End Date (mm/dd/yyyy)
(use only for "T" or "MTM" services)

M M D D Y Y Y Y

20 Contract Expiration Date
(mm/dd/yyyy)

M M D D Y Y Y Y

21 Description of This Service:

You **MUST** attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided.

Attachment #

22 Entity/Entities Receiving This Service:

- a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service :
- b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1):

23 Calculations**A. Monthly \$ charges** (total amount per month for service)
B. How much of the \$ amount in (A) is ineligible?**C. Eligible monthly pre-discount amount** (A minus B)
D. # of months service provided in program year**E. Annual pre-discount \$ amount for eligible recurring charges**
(C x D)
F. Annual non-recurring (one-time) \$ charges**G. How much of the \$ amount in (F) is ineligible?****H. Annual eligible pre-discount \$ amount for one-time charges**
(F minus G)
I. Total program year pre-discount \$ amount (E + H)
J. % discount (from Block 4 Worksheet)
 %
K. Funding Commitment \$ Request (I x J)


0 4 7 1 0 1 0 4 0 2

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 46 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**

